

CASE

OF

O V A R I O T O M Y.

BY

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EDINBURGH: PRINTED BY OLIVER AND BOYD.

MDCCCLXII.

REPRINTED FROM THE EDINBURGH MEDICAL JOURNAL, DECEMBER 1862.

CASE OF OVARIOTOMY.

MRS R., aged forty-nine, applied to me, last August, on account of a large ovarian tumour filling up the whole abdomen, to which her attention had been first directed about six months before. Previous to this her health had been good, she had married when thirty-six years of age, and had borne two children. The catamenia, after some irregularity, finally ceased in December 1861. For some time the tumour gave rise to no inconvenience, and her general health did not suffer, but, by the time it had attained the size of the uterus at the full period of gestation, her health began to give way: the respiration became impeded, locomotion was a labour to her, she suffered much from abdominal pain, and shortly before I saw her, weary of life, she had taken to her bed, with little prospect of again leaving it.

From the nature of the tumour, which was evidently multilocular, from the extreme rapidity of its growth, from the numerous unmistakable signs that had already appeared of a rapid breaking up of the patient's health, it was most probable that, if let alone, the disease, with its accompanying suffering, would run its natural course and destroy life in a few weeks or months; and as nothing was to be hoped for, either from tapping or the injection of iodine—both dangerous, and but half measures at the best—I had no hesitation in recommending ovariectomy. To this, after due consideration, she willingly gave her consent, and it would have been proceeded with without delay, had not a smart attack of pleurisy with considerable effusion supervened. This yielded to the usual remedies, but a month elapsed before she was again in a favourable condition for operation. In the meantime the abdomen had much increased in size, from the presence of a large accumulation of fluid in the general cavity of the peritoneum, none of which existed at the time of my first examination of the tumour.

With the assistance of Dr Craig of Ratho, Dr Howden, Dr Sidey, and my brother, I removed the tumour on the 18th of September last. Before opening into the peritoneal cavity, thinking I had come down upon the surface of the tumour, I separated the peritoneum from its loose cellular attachments, to the extent of two fingers—


breadth on either side of the incision. This mistake happened very easily, but was quickly discovered, and, on opening the peritoneum, there was a sudden gush of a large quantity of straw-coloured fluid. One large cyst containing about eight pounds of fluid was emptied and drawn out, and some small cysts punctured; but as no further diminution of the mass could be obtained, it was necessary to extend the incision above the umbilicus, till sufficient space was gained to allow of the tumour being withdrawn. There was but one small band of adhesion. The pedicle, which consisted of the left broad ligament, was very short, broad, and thick. It was transfixed, each side was tied with a double ligature, and then divided little more than an inch from the uterus, and so close to the tumour, that a piece of thick cyst wall was left to prevent any chance of the ligature slipping. Owing to the shortness of the pedicle, it was not possible to secure the cut extremity externally. It was, however, brought as near the wound as circumstances would admit of, by passing a long acupressure needle through the strip of cyst, and then simply laying the needle across the lower angle of the wound. There was thus considerable tension upon the pedicle, though none upon the ligatures themselves, which were only loosely given a turn round the needle. The edges of the wound were secured by seven needles passed through the whole thickness of the abdominal wall, including the peritoneum. A small quantity of slightly bloody serous fluid was left in the cavity of the pelvis.

After puncturing some of the smaller cysts, and allowing them to drain for some hours, the cyst walls and solid part of the tumour weighed nine pounds and a half; but, including the fluid collected, nearly twenty-five pounds. A good deal was, however, lost, and mixed with the fluid external to the tumour, of which there was at least a gallon and a half. There were openings in two of the smaller cysts, and this fluid had probably been secreted by them.

The shock of the operation was slight. Towards evening she complained of severe pain in the lower part of the belly, which was relieved by drawing off her water. An opiate was given her, which she vomited almost immediately, and it was not repeated. She suffered for the first three or four days from thirst and occasional severe attacks of vomiting. No food was given, but she relished very much small pieces of ice and occasionally a mouthful of soda water, for more than that was instantly rejected by the stomach. The pulse rose to 105 on the third day, and then declined, and never again rose above 90. The catheter was used every four or five hours till the fourth day, when it became unnecessary, the bowels likewise then acted spontaneously and without pain. Some of the needles were removed on the fourth day, the rest the day after, when the wound was firmly united, except at the point where the ligatures came out, and required no support or dressing of any kind except a piece of lint dipped in Condyl's fluid laid over the lower

angle of the wound. On the fifth day the stomach began to retain some food, which was given in small quantity and of the simplest kind, the treatment all along being strictly antiphlogistic. She was kept very quiet, and was allowed to see no one but her husband and the nurse. The greatest care was taken to keep the air of her room as fresh and pure as was possible under the circumstances of a somewhat limited accommodation, the window being generally open both day and night.

On the seventh day slight pain was complained of in the left iliac region, where some fulness was felt, as if some pelvic cellulitis threatened. This was accompanied by considerable irritability of the bladder, and for the two following days she was restless and uneasy, and again suffered from thirst, but without fever. Thinking some matter might be accumulating, for there was very little discharge coming from the wound, I broke up the adhesions round about the ligatures to an extent sufficient to admit the finger, and soon after there was a sudden escape of eight or ten ounces of healthy pus. This gave her immediate relief. The ligatures came away with the slough of the pedicle on the fourteenth day, and the day after she was up to have her bed made. After getting into bed she had a good deal of general abdominal pain, and a troublesome irritation in the rectum came on; considerable quantities of bloody jelly-like mucus passing several times a-day. The opening where the ligatures had come out had almost closed, when, on the evening of the seventeenth day, there was a gush of thin dirty serous-looking very irritating fluid, to the amount of ten or twelve ounces. It was so fetid that it was difficult to enter the room beside her. This discharge continued all next day, but during the following night it suddenly ceased after some of the same fetid fluid had passed by the rectum. That this was the fluid left in the cavity of the pelvis at the time of the operation I have no doubt. On the twenty-second day the fistulous opening in front had quite closed, and her convalescence after that was rapid and satisfactory. When last seen, in the middle of November, she was going about as usual in the most perfect health.



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